

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 255

Date Received

04-APR-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

859643

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) _____ <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make DODGE TRUCK	Vehicle Model GRAND CARAVA	Vehicle Year 1996	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)


Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AT 50,00 MILES TRANSMISSION SEAL BUSTED, CAUSING A TRANSMISSION LEAK. TRANSMISSION WAS DROPPED TO RESEAL THE SEALS, AND THE PROBLEM HAS OCCURRED AGAIN. DEALER WAS CONTACTED. *AK

CONTINUED ON BACK (REVERSE)

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 255	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received RECEIVED 04-APR-2000 OFFICE OF SPECIAL INVESTIGATION Reference No. 859643	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Work Number _____ Home Number _____	
Signature of Owner _____ Date 4/18/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <i>(located at base of windshield on driver's side)</i>	Vehicle Make	Vehicle Model	Current Odometer Reading
1B4GP54L8TB120176	DODGE TRUCK	GRAND CARAVA	84,777
Purchase Date 8-10-95	Dealer's Name WESTCHESTER DODGE		Engine Size (CID/CC/L) 3.9
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City NEW ROCHELLE State NY Zip Code 10801		No Cylinders 6
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport/UTV <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
			Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 67300400	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 2	Date(s) of Failure(s) 10-5-98 Mileage at Failure(s) (1) 51978 (2) 76000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AT 50,00 MILES TRANSMISSION SEAL BUSTED, CAUSING A TRANSMISSION LEAK. TRANSMISSION WAS DROPPED TO RESEAL THE SEALS, AND THE PROBLEM HAS OCCURRED AGAIN. DEALER WAS CONTACTED. *AK ALSO FUEL HOSE LINE BUSTED AT 69,734 MILES			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.			

Dodge
Dodge Trucks

Dodge Trucks

NEW ROCHELLE, N.Y. 10851
914 235-9430 • Fax 914 235-4455
N.Y.S. TAX REG. NO. 122298

110 E. Main St.

CUSTOMER NO. 11070	NAME RUBEN MUNOZ	3016	8300	12/22/98	DOC#5187
	72.00		55324		
	96 DODGE CARAVAN				
	1B4GP54LBTB120176			12/22/98	
				MO: 55324	

LABOR & PARTS
 JOB # 1 QTY 1 FP NUMBER 52B1090 DESCRIPTION FILTER EN 9 57 6 UNIT PRICE 8.45
 CUSTOMER REQUEST L.O.F. COMPLETED OIL CHANGE HOURS: 5.81 TECH(S): 3302

PARTS
 JOB # 1 QTY 1 FP NUMBER 52B1090 DESCRIPTION FILTER EN 9 57 6 UNIT PRICE 8.45
 JOB # 1 TOTAL PARTS 8.45
 JOB # 1 TOTAL LABOR & PARTS 14.26

JOB # 2 07002A COOLING FMS SPECIAL HOURS: 0.00 TECH(S): 3002
 CUSTOMER REQUESTS: FREE VEHICLE INSPECTION
 VEHICLE NEEDS FRONT TRANS PUMP SEAL & O-RING
 THERE LEAKING. ALSO NEEDS FRONT ENGINE MOUNT.

PARTS
 JOB # 2 TOTAL PARTS 0.00
 JOB # 2 TOTAL LABOR & PARTS 0.00

G.O.G. & SUPPLIES
 JOB # 1 5.0 OIL @ 1.550 /UNIT TOTAL - GOG 7.75

TOTALS
 CASH CHARGE MASTER CARD VISA
 AMEX CHECK#
 THANK YOU FOR YOUR PATRONAGE.
 TOTAL LABOR 5.81
 TOTAL PARTS 8.45
 TOTAL SUBLET 0.00
 TOTAL G.O.G. 7.75
 TOTAL MISC CHG. 0.00
 TOTAL MISC DISC 0.00
 TOTAL TAX 1.82
 TOTAL INVOICE \$ 23.83

CUSTOMER SIGNATURE



MANULIA BUSINESS SYSTEMS INC. 1-800-333-9111

11378	CONSUMER RUBEN MUNOZ 30'6	PHONE NO. 7994	DATE OF SALE 10/05/98	SALE ORDER NO. DOCS4245
	APPROX. RATE 72.00	SALE PRICE 51978	SALES TAX 1	SALES TAX NO.
	DATE WORK ORDER 96(DODGE)CARAVAN			
	VEHICLE ID 1B46P54L8TB120176		DATE OF SALE 10/05/98	
				NO: 51378

LABOR	DESCRIPTION	HOURS	TECH(S)	PRICE
# 1 01D02	LOF CUSTOMER REQUEST LOF COMPLETED OIL CHANGE AS PER \$21.95 COUPON		3018	5.81
# 2 01D02	TRANSERV TRANS SERVICE CUSTOMER REQUESTS AUTO TRANS SERVICE PERFORMED TRANS SERVICE	1.50	3018	108.00
# 3 07D02A	COOLING SYS SPECIAL CUSTOMER REQUESTS: PERFORM COOLANT FLUSH FLUSHED ENGINE & COMPLETE COOLING SYSTEM REFILLED O.K.	1.00	3018	72.00
# 4 09D02DIA	DIAGNOSE ENGINE CUSTOMER STATES: OIL IS LEAKING IN THE FRONT OF THE VEHICLE TRANS PAN WAS LEAKING. TRANS SERVICE REPAIRED LEAK NO CHARGE TO CUSTOMER		3018	0.00
# 5 22D02A	TIRES CUSTOMER REQUESTS: TIRE ROTATION ROTATED TIRES AS PER CUSTOMERS REQUEST	0.50	3018	36.00

TOTAL LABOR 221.81

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	PRICE
JOB # 1	1	5281090	FILTER EN 9- 57- 6	8.39	8.39
JOB # 2	1	5010125-AA	FLUID APT 1- 81- 18	19.18	19.18
JOB # 2	1	4318025	SEALER RT 1- 81- 3	6.76	6.76
JOB # 2	1	4864505	FLTR PKG 21-170- 2	11.38	11.38
JOB # 2	1	4897150-AA	CLEANER R 1- 81- 25	5.87	5.87
JOB # 3	1	4267020	COOLANT C 1- 81- 4	14.00	14.00
TOTAL - PARTS					65.58

G. J. G. & SUPPLIES	QTY	PRICE	TOTAL - GJS
JOB # 1 5.0 OIL		1.50 /UNIT	7.50
TOTAL - GJS			7.50

MISC	CODE	DESCRIPTION	CONTROL NO	PRICE
JOB # 2	10L	10% LABOR DISCOUNT		-10.80
JOB # 2	10P	10% PARTS DISCOUNT		-4.32
JOB # 3	10L	10% LABOR DISCOUNT		-7.20
JOB # 3	10P	10% PARTS DISCOUNT		-1.40
JOB # 5	10L	10% LABOR DISCOUNT		-3.60
TOTAL - MISC				-27.32

PART NO. AND DESCRIPTION PRICE

TUXEDO AUTO SERVICE CENTER
 5732 Tuxedo Road
 Tuxedo, MD 20781
 (301) 773-3388

No. 5979

YEAR, MAKE AND MODEL: **1996 DODGE CARAVAN**
 SERIAL NUMBER: **1B4B254L8TB120176**
 MOTOR NUMBER: _____
 VIN: _____
 LICENSE NUMBER: _____

- DESCRIPTION OF WORK
- LUBE
 - CHANGE OIL
 - OIL FILTER
 - TUNE-UP
 - TRANS.
 - DIFE

Replaced car hose

part car hose

TOTAL PARTS

30 per day storage charge after 2 weeks from final repair or certification. After 30 days we will impound vehicle with out a tow back You.
 Guaranteed for 3000 miles or 3 months, whichever comes first.

DESCRIPTION OF PROBLEM

90 DAYS OR 3000 MILES
LABOR & PARTS
90 DAYS OR 3000 MILES

Customer's supplied or Used Parts
 No Warranty Labor & Parts

SIGNATURE

TOTAL TAX

THANK YOU



CUST NO.	TAX EXEMPT NUMBER	CUST. P. O. NO.	SHIP VIA	PAY	SOLD BY	INVOICE DATE	INVOICE NO.
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19 CRED CD RONALD JEFFERSON 10/25/95 13478
RCR

RETAIL CASH SALE
NY

SHIP QTY	B. O. QTY	PART NUMBER / DESCRIPTION	DIN	A LIST	NET	AMOUNT
1	0	4812217-AB RAIL FUEL T4T0/Q30	SP.ORD	186.00	132.50	132.50

Paul

NO RETURNS WITHOUT THIS INVOICE
NO RETURNS AFTER 10 DAYS
NO RETURNS ON SPECIAL ORDERED PARTS



STOCK # 10188
H.L.L.
K313710224

PURCHASER SIG
 Cashholder amount of 1 obligation

WILLIAM RICHARDS 3012	1472	11/02/99	000S9280
79.00	73828		
96DODGECARAVAN			
1B46P54LBTB120176		11/02/99	
MO: 73828			

LABOR & PARTS
 J# 1 1400Z DIAGNOSE FUEL SYSTEM HOURS: 2.50 TECH(S):3018 197.50
 CUSTOMER STATES: FUEL RAIL LEAKING--
 REPLACE FUEL O RINGS AND GASKET

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	3	4897125 AA	ORING KIT 14099004	10.25	30.75
JOB # 1	1	4621966	GASKET IN 9001004	1.96	1.96
JOB # 1 TOTAL PARTS					32.71
JOB # 1 TOTAL LABOR & PARTS					230.21

TOTALS

<input type="checkbox"/> CASH	<input type="checkbox"/> CHARGE	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA	TOTAL LABOR	197.50
<input type="checkbox"/> AMEX	<input type="checkbox"/> CHECK#			TOTAL PARTS	32.71
THANK YOU FOR YOUR PATRONAGE.				TOTAL SUBLET	0.00
				TOTAL G.D.G.	0.00
				TOTAL MISC CHG	0.00
				TOTAL MISC DISC	0.00
				TOTAL TAX	19.00
				TOTAL INVOICE \$	249.21

CUSTOMER SIGNATURE

11/2/99
01:10